

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 38

For Official Use Only

Statement covers period

from 10/17/2004

through 12/31/2004

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

☒ General Purpose Committee

- ☒ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

Update Summary Page

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
960382

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Planned Parenthood Affiliates of California Action Fund

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
David Alois

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 446-5247

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/02/2005 By David Alois  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/02/2005 By David Alois  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/17/2004 through 12/31/2004	<b>CALIFORNIA FORM 460</b> Page 3 of 38 I.D. NUMBER 960382
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$1,427.00	\$148,987.20
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$1,427.00	\$148,987.20
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$1,427.00	\$148,987.20

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$40,275.56	\$138,098.91
7. Loans Made .....	Schedule H, Line 7	(\$5,000.00)	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$35,275.56	\$138,098.91
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$0.00	\$820.81
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$35,275.56	\$138,919.72

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$56,693.26	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$1,427.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$1,463.68	
15. Cash Payments .....	Column A, Line 8 above	\$35,275.56	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$24,308.38	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$0.00	

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$820.81

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/17/2004		
through 12/31/2004		Page 4 of 38
NAME OF FILER Planned Parenthood Affiliates of California Action Fund		I.D. Number 960382

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/9/2004	Planned Parenthood Action Fund San Mateo, CA 94403 Committee ID: 1249289	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
11/12/2004	Planned Parenthood Action Fund, Inc. San Diego, CA 92108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$335.50	\$335.50	
10/19/2004	Glen Price El Cerrito, CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Glen Price Group President	\$150.00	\$650.00	
10/19/2004	Kathryn K. Rudman Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker Homemaker	\$150.00	\$150.00	
10/25/2004	Sabrina S. Schiller Pacific Palisades, CA 90272	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bungalow At Penmar Home Renovator	\$100.00	\$100.00	

**SUBTOTAL** \$1,235.50

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$1,235.50
2. Amount received this period - unitemized contributions of less than \$100 .....	\$191.50
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$1,427.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 10/17/2004  
through 12/31/2004

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule B - Part 2**  
**Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/17/2004 through 12/31/2004	<b>CALIFORNIA FORM 460</b>
	Page 6 of 38
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Planned Parenthood Affiliates of California Action Fund

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/17/2004</u> through <u>12/31/2004</u>	<b>CALIFORNIA FORM 460</b>
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I.D. Number 960382	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Planned Parenthood Affiliates of California Action Fund

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		SCHEDULE D	
from	10/17/2004	CALIFORNIA FORM 460	
through	12/31/2004	Page 8 of 38	
NAME OF FILER Planned Parenthood Affiliates of California Action Fund		I.D. NUMBER 960382	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2004	Tom Torlakson (I) State Senator District 7 Jurisdiction: Senate  Memo Reference: D531	<div><div></div><div>Monetary Contribution</div></div> <div><div></div><div>Nonmonetary Contribution</div></div> <div><div></div><div>Independent Expenditure</div></div> <div><div><input checked="" type="checkbox"/> Support</div><div><input type="checkbox"/> Oppose</div></div>		\$149.13	\$149.13	
10/27/2004	Juan Vargas State Assembly Person District 79 Jurisdiction: Assembly District	<div><div></div><div>Monetary Contribution</div></div> <div><div></div><div>Nonmonetary Contribution</div></div> <div><div></div><div>Independent Expenditure</div></div> <div><div><input checked="" type="checkbox"/> Support</div><div><input type="checkbox"/> Oppose</div></div>		\$500.00	\$1,000.00	2002P: \$500.00 2004G: \$1,000.00
10/27/2004	Patty Davis State Assembly Person District 78 Jurisdiction: Assembly District	<div><div></div><div>Monetary Contribution</div></div> <div><div></div><div>Nonmonetary Contribution</div></div> <div><div></div><div>Independent Expenditure</div></div> <div><div><input checked="" type="checkbox"/> Support</div><div><input type="checkbox"/> Oppose</div></div>		\$1,700.00	\$3,200.00	2004G: \$3,200.00

SUBTOTAL

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$26,510.10
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$429.30
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$26,939.40



**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
 960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2004	John Longville County Supervisor District 5 Jurisdiction: San Bernardino	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,325.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/21/2004	Millie Greenberg (I) Board of Supervisors Jurisdiction: Contra Costa County  Memo Reference: D535	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure		\$596.51	\$596.51	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/21/2004	Elaine Shaw (I) State Assembly Person District 15 Jurisdiction: Assembly District  Memo Reference: D536	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure		\$596.51	\$596.51	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/21/2004	Mary Piepho (I) Board of Supervisors Jurisdiction: Contra Costa County  Memo Reference: D537	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure		\$820.19	\$820.19	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
 960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2004	Guy Houston (I) State Assembly Person District 15 Jurisdiction: Assembly District Memo Reference: D538	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure		\$820.19	\$820.19	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/26/2004	Pedro Nava (I) State Assembly Person District 35 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Printing of Postcard Mailer	\$1,346.16	\$2,665.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Pedro Nava (I) State Assembly Person District 35 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Postage and Mailhouse for Postcard Mailer	\$523.64	\$2,665.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Pedro Nava (I) State Assembly Person District 35 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$246.00	\$2,665.64	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA  
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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Peg Pinard(I) State Senator District 13 Jurisdiction: Senate	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$246.00	\$489.60	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2004	Pat Johansen(I) State Senator District 37 Jurisdiction: Senate	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$335.30	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2004	Robert Melsh(I) State Assembly Person District 64 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$335.30	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2004	Rita Ramirez-Dean(I) State Assembly Person District 65 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$335.30	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA**  
**FORM** **460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2004	Laurel Nicholson (I) State Assembly Person District 66 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$335.30	\$904.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2004	Mary Ann Andreas(I) State Assembly Person District 80 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$335.30	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/25/2004	Shirley Horton(I) State Assembly Person District 78 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$5,753.50	\$5,753.50	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
10/25/2004	Patty Davis (I) State Assembly Person District 78 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Mailer	\$5,753.50	\$7,295.12	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA  
FORM 460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Christine Kehoe (I SD) State Senator District 39 Jurisdiction: Senate	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$256.46	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Pat Johansen(I) State Senator District 37 Jurisdiction: Senate	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Karen Underwood(I) State Assembly Person District 74 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$823.22	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Tricia Hunter(I) State Assembly Person District 76 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$823.22	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA  
FORM 460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Chris Larkin (I) State Assembly Person District 77 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$568.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Juan Vargas (I) State Assembly Person District 79 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$823.22	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Robert Melsh(I) State Assembly Person District 64 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Laurel Nicholson (I) State Assembly Person District 66 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$904.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Karen Heumann(I) State Assembly Person District 75 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$823.22	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Lori Saldana(I) State Assembly Person District 76 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$823.22	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Patty Davis (I) State Assembly Person District 78 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$7,295.12	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Rita Ramirez-Dean(I) State Assembly Person District 65 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
 960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Mary Ann Andreas(I) State Assembly Person District 80 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Bill Schwandt (I) Community College Board Jurisdiction: San Diego CC Dis. B	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$568.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Marty Block (I) Community College Board Jurisdiction: San Diego CC Dis. D	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$568.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Miyo Ellen Reff (I) Board of Education Jurisdiction: San Diego USD	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$4,763.56	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**



**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>10/17/2004</u>		
through <u>12/31/2004</u>		Page <u>17</u> of <u>38</u>
NAME OF FILER Planned Parenthood Affiliates of California Action Fund		I.D. NUMBER 960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Ben Hueso (I) Board of Education Jurisdiction: San Diego USD	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$4,763.57	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Sheila Jackson (I) Board of Education Jurisdiction: San Diego USD	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$4,763.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Proposition 67 - Emergency and Medical Services Ballot Number or Letter: 67 Jurisdiction: California	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$568.87	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Proposition 71 - Stem Cell Research Ballot Number or Letter: 71 Jurisdiction: California	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$568.87	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>10/17/2004</u>		
through <u>12/31/2004</u>		Page <u>18</u> of <u>38</u>
NAME OF FILER Planned Parenthood Affiliates of California Action Fund		I.D. NUMBER 960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Proposition 72 - Referendum Petition to Overturn Amendments to Health Care Coverage Ballot Number or Letter: 72 Jurisdiction: California	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Voter Guide in Newsletter	\$113.51	\$568.87	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Christine Kehoe (I SD) State Senator District 39 Jurisdiction: Senate	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$256.46	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Pat Johansen(I) State Senator District 37 Jurisdiction: Senate	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Karen Underwood(I) State Assembly Person District 74 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$823.22	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Tricia Hunter(I) State Assembly Person District 76 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$823.22	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Chris Larkin (I) State Assembly Person District 77 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$568.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Juan Vargas (I) State Assembly Person District 79 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$823.22	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Robert Melsh(I) State Assembly Person District 64 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>10/17/2004</u>		
through <u>12/31/2004</u>		Page <u>20</u> of <u>38</u>
NAME OF FILER Planned Parenthood Affiliates of California Action Fund		I.D. NUMBER 960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Laurel Nicholson (I) State Assembly Person District 66 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Newsletter in Voter Guide	\$94.67	\$904.19	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Karen Heumann(I) State Assembly Person District 75 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Newsletter in Voter Guide	\$94.67	\$823.22	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Lori Saldana(I) State Assembly Person District 76 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Newsletter in Voter Guide	\$94.67	\$823.22	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Patty Davis (I) State Assembly Person District 78 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$7,295.12	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL</b>						

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Rita Ramirez-Dean(I) State Assembly Person District 65 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Newsletter in Voter Guide	\$94.67	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Mary Ann Andreas(I) State Assembly Person District 80 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$543.48	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Bill Schwandt (I) Community College Board Jurisdiction: San Diego CC Dis. B	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$568.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Marty Block (I) Community College Board Jurisdiction: San Diego CC Dis. D	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$568.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

through 12/31/2004

**CALIFORNIA  
FORM 460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Miyo Ellen Reff (I) Board of Education Jurisdiction: San Diego USD	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$4,763.56	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Ben Hueso (I) Board of Education Jurisdiction: San Diego USD	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$4,763.57	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Sheila Jackson (I) Board of Education Jurisdiction: San Diego USD	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.67	\$4,763.54	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Proposition 67 - Emergency and Medical Services Ballot Number or Letter: 67 Jurisdiction: California	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.66	\$568.87	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/17/2004

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**CALIFORNIA**  
**FORM 460**

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NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Proposition 71 - Stem Cell Research Ballot Number or Letter: 71 Jurisdiction: California	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.66	\$568.87	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/26/2004	Proposition 72 - Referendum Petition to Overturn Amendments to Health Care Coverage Ballot Number or Letter: 72 Jurisdiction: California	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Shipping of Voter Guide in Newsletter	\$94.66	\$568.87	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/19/2004	Patty Davis (I) State Assembly Person District 78 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Use of Phones	\$102.63	\$7,295.12	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/20/2004	Patty Davis (I) State Assembly Person District 78 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution  <input checked="" type="checkbox"/> Independent Expenditure	Use of Phones	\$102.63	\$7,295.12	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/17/2004		
through 12/31/2004		Page 24 of 38

NAME OF FILER  
 Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
 960382

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2004	Patty Davis (I) State Assembly Person District 78 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Use of Phones	\$102.63	\$7,295.12	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/27/2004	Patty Davis (I) State Assembly Person District 78 Jurisdiction: Assembly District	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Use of Phones	\$102.63	\$7,295.12	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$26,510.10



# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 10/17/2004 through 12/31/2004	<b>CALIFORNIA FORM 460</b>
Page 25 of 38	
I.D. NUMBER 960382	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Planned Parenthood Affiliates of California Action Fund

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson, Hagel & Fishburn, LLP Sacramento, CA 95814	PRO			\$7,673.04
Planned Parenthood Shasta-Diablo Concord, CA 94520	OFC			\$1,798.00
Planned Parenthood Affiliates of California Sacramento, CA 95814	OFC			\$3,202.98

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$40,206.30
2. Unitemized payments made this period of under \$100. ....	\$69.26
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$40,275.56

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/17/2004		
through 12/31/2004		Page 26 of 38
NAME OF FILER Planned Parenthood Affiliates of California Action Fund		I.D. NUMBER 960382

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Planned Parenthood of Orange and San Bernardino Counties Community Action Fund Orange, CA 92863-4835	POS			\$555.00
Committee ID: 960382 U.S. Postmaster Irvine, CA 92618	POS			Memo Amt: \$36.00
Friends of John Longville Rialto, CA 92377	CTB			\$1,000.00
Committee ID: 1246357 Friends of Patty Davis Bonita, CA 91902	CTB			\$1,700.00
Committee ID: 1254544 U.S. Bank Knoxville, TN 37920	OFC			\$249.54

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/17/2004 through 12/31/2004		<b>CALIFORNIA FORM 460</b>  Page 27 of 38
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Planned Parenthood Affiliates of California Action Fund

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Friends of Juan Vargas '04 San Diego, CA 92103	CTB			\$500.00
Committee ID: 1251218 Jim Ross dba Jim Ross Consulting San Francisco, CA 94105 Memo Reference: 365	IND		Mail Piece	\$2,982.53
Accurate Printing San Francisco, CA 94102	IND		Printing of Mail Piece	Memo Amt: \$1,150.00
U.S. Postmaster San Francisco, CA 94120-7836	IND		Postage for Mailhouse	Memo Amt: \$1,244.45
Ace Mailing San Francisco, CA 94103	IND		Mailhouse for Mail Piece	Memo Amt: \$388.08

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.




SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/17/2004		
through 12/31/2004		Page 28 of 38
NAME OF FILER Planned Parenthood Affiliates of California Action Fund		I.D. NUMBER 960382

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Heather Lopez San Francisco, CA 94103	IND		Design of Mail Piece	Memo Amt: \$200.00
Rockwell Printing, Inc. Carpinteria, CA 93013 Memo Reference: 371	IND		Printing of Postcard Mailer	\$1,346.16
SB Mailworks Inc. Goleta, CA 93117 Memo Reference: 372	IND		Postage and Mailhouse for Postcard Mailer	\$523.64
U.S. Postmaster Irvine, CA 92618	IND		Postage for Postcard Mailer	Memo Amt: \$61.57
Terris, Barnes & Walters San Francisco, CA 94104 Memo Reference: 373	IND		Mailer	\$492.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/17/2004 through 12/31/2004		<b>CALIFORNIA FORM 460</b>  Page 29 of 38
I.D. NUMBER 960382		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Planned Parenthood Affiliates of California Action Fund

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Terris, Barnes & Walters San Francisco, CA 94104 Memo Reference: 374	IND		Slate Mailer/Various Candidates/See Sched. D	\$1,676.50
Terris, Barnes & Walters San Francisco, CA 94104 Memo Reference: 375	IND		Mailer	\$11,507.00
Commonwealth Communications San Francisco, CA 94014	IND		Printing of Mailer	Memo Amt: \$2,932.00
U.S. Postmaster San Leandro, CA 94577	IND		Postage for Mailer	Memo Amt: \$3,346.78
Hassett Air Express South San Francisco, CA 94080	IND		Shipping of Mailer	Memo Amt: \$533.81

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/17/2004 through 12/31/2004		<b>CALIFORNIA FORM 460</b>  Page 30 of 38
I.D. NUMBER 960382		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Planned Parenthood Affiliates of California Action Fund

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Creative Fusion, Inc. San Diego, CA 92103 Memo Reference: 376	IND		Voter Guide Distributed in Newsletter	\$2,383.71
Planned Parenthood Action Fund of San Diego & Riverside Counties San Diego, CA 92108 Memo Reference: 377	IND		Shipping of Voter Guide in Newsletter	\$1,988.04
Anderson Direct San Diego, CA 92126	IND		Shipping of Voter Guide Newsletter	Memo Amt: \$1,988.04
Loren R. Javier Byron, CA 94514			Travel Reimbursement	\$198.86
Main Graphic Imaging Services Irvine, CA 92614 Memo Reference: 387	IND		Printing of Voter Guide	\$429.30

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$40,206.30

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 10/17/2004  
through 12/31/2004

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS**

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \_\_\_\_\_
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \_\_\_\_\_  
May be a negative number.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 10/17/2004
through 12/31/2004

CALIFORNIA FORM 460
Page 32 of 38

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER
960382

NAME OF AGENT OR INDEPENDENT CONTRACTOR

- CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)\*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)\*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Table with 4 columns: NAME AND ADDRESS OF PAYEE OR CREDITOR, CODE, OR, DESCRIPTION OF PAYMENT, AMOUNT PAID. The table contains multiple empty rows for data entry.

Attach additional information on appropriately labeled continuation sheets. TOTAL\*



# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period  
from 10/17/2004  
through 12/31/2004

CALIFORNIA  
FORM 460

Page 33 of 38

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER  
960382

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
Californians for Responsible Choices Sacramento, CA 95814				<input checked="" type="checkbox"/> PAID  \$5,000.00  <input type="checkbox"/> FORGIVEN			\$5,000.00	CALENDAR YEAR  \$5,000.00 PER ELECTION**
Committee ID: 981521		\$5,000.00			12/31/2004 DATE DUE		9/27/2004 DATE INCURRED	
				<input type="checkbox"/> PAID   <input type="checkbox"/> FORGIVEN				CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.				NET	\$5,000.00			
SUBTOTALS								

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period ..... \$0.00  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans ..... \$5,000.00  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET (\$5,000.00)  
(Enter the net here and on the Summary Page, Column A, Line 7.) (May be a negative number)

\*\* If Required

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period

from 10/17/2004

through 12/31/2004

CALIFORNIA  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Planned Parenthood Affiliates of California Action Fund

I.D. NUMBER

960382

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/27/2004	Planned Parenthood Affiliates of California Sacramento, CA 95814	Void Check	\$1,455.90

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$1,455.90

### Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$1,455.90
2. Unitemized increases to cash under \$100 this period. ....	\$7.78
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$1,463.68

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: D535

Design, Printing, Mailhouse and Postage for Mail Piece

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Memo Reference: D538

Design, Printing, Mailhouse and Postage for Mail Piece

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Memo Reference: D537

Design, Printing, Mailhouse and Postage for Mail Piece

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Memo Reference: D536

Design, Printing, Mailhouse and Postage for Mail Piece

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Memo Reference: D531

Design, Printing, Mailhouse and Postage for Mail Piece

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Memo Reference: 376

Voter Guide Distributed in Newsletter/Various Candidates/See Schedule D

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Memo Reference: 387

Print of Voter Guide/Various Candidates/See Schedule D

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Memo Reference: 377

Shipping of Voter Guide in Newsletter/Various Candidates/See Schedule D

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Memo Reference: 371

Printing of Postcard Mailer/Support/Pedro Nava/AD35/\$1346.16

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Memo Reference: 365

Design, Printing, Mailhouse and Postage for Mail Piece/Various Candidates/See Schedule D

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Memo Reference: 372

Postage and Mailhouse for Postcard Mailer/Support/Pedro Nava/AD35/\$523.64

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Memo Reference: 373

Mailer/Support/Pedro Nava/AD35/\$246.00 Mailer/Support/Peg Pinard/AD15/\$246.00

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Memo Reference: 375  
Mailer/Support/Patty Davis/AD78/\$5753.50 Mailer/Oppose/Shirley Horton/AD78/\$5753.50

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